

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 0

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07-01-03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10 & 42 CFR 440-204

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 1,400,000

b. FFY 2004 \$ 5,600,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-1

Attachment 3.1-A, Page 1a-6.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 10-01-02, TN02-12

Same Page, Revised 10-01-02, TN#02-12

10. SUBJECT OF AMENDMENT:

Increasing the number of hospital days allowable for adults from 15 to 24.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

August 20, 2003

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

26 AUGUST 2003

18. DATE APPROVED:

29 SEPTEMBER 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JULY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

b. EPSDT (continued)

- (9) Transportation - provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 24 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for an approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:

(A.) Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The periodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-A, Page 1a-6.3g. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examinations must include all of the following components to be compensable.

- 1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

A	
STATE <u>Oklahoma</u>	
DATE REC'D <u>8-26-03</u>	
DATE APP'D <u>9-29-03</u>	
DATE EFF <u>7-1-03</u>	
HCFA 179 <u>OK 03-10</u>	

Revised 07-01-03

TN# 03-10 Approval Date 29 Sept 2003 Effective Date 07-01-03
Supersedes
TN# 02-12

SUPERSEDES: TN- 02-12

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

1. Inpatient hospital services other than those provided in an institution for mental diseases

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Agency. General acute care inpatient hospital services are limited to 24 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the peer review organization and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

SUPERSEDES: TN- 02-12

STATE <u>Oklahoma</u>	A
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